

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24136

1. PLACE OF DEATH
County Randolph Registration District No. 735
Township Moberly Primary Registration District No. 3034
City Moberly (No. 406 So Clark St. 144 Ward)

2. FULL NAME James P. Sparks
(a) Residence, No. 406 So Clark St., 144 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Sparks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9th 1860

7. AGE YEARS 72 MONTHS 7 DAYS 16 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME William Sparks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Mary E. Wist

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Dr H. P. Sparks (ADDRESS) Moberly

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly DATE 7-17th 1933

19. UNDERTAKER Mahan & Son (ADDRESS) Moberly Mo

20. FILED 7-17-33 2408 S. Fleming Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15th 1933

I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to July 15, 1933
I last saw him alive on July 15, 1933 Death is said to have occurred on the date stated above, at 7:00 P. m.
The principal cause of death and related causes of importance were as follows:
Ischemic Coronary Heart Disease
82
Other contributory causes of importance:
Coronary Disease

Name of operation Q Date of Q
What test confirmed diagnosis? Q Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury Q, 19Q
Where did injury occur? Q (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Q
Nature of injury Q

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Q
(Signed) Q, M. D.
(Address) Q

1000